

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of Invention</b>  | Articulated Neural Electrode Assembly |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
|--|---------------------------------------|-----------------|--|--------------------------------------|------------------------------------|--------------------|------------------|---|----------|---|------|------------------------|--|------|----|---|--|--|------------------------------------|--|--------------------------------------|
| Application Number :<br>Date :<br>First Named Applicant: Corrinne Stern<br>Attorney Docket Number: 2003.15   |                                       |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <b>TOTAL FEE AUTHORIZED \$ 425</b><br>Patent fees are subject to annual revisions on or about October 1st of each year.  |                                       |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| Filing as small entity   |                                       |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <b>BASIC FILING FEE</b>  |                                       |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>   |                                       | Fee Description | Fee Code                               | Amount \$                            | Fee Paid \$                        | Utility Filing Fee | 2001             | 385   | 385      |   |      |                        | Subtotal For Basic Filing Fees: \$ 385 |      |    |   |  |  |                                    |  |                                      |
| Fee Description  | Fee Code                              | Amount \$       | Fee Paid \$                            |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| Utility Filing Fee   | 2001                                  | 385             | 385                                    |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
|  |                                       |                 | Subtotal For Basic Filing Fees: \$ 385 |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <b>EXTRA CLAIM FEES</b>  |                                       |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 1</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |                                       | Fee Description | Extra Claim                            | Fee Code                             | Amount \$                          | Fee Paid \$        | Total Claims : 1 | 0   | 2202     | 9 | 0    | Independent Claims : 1 | 0                                      | 2201 | 43 | 0 |  |  |                                    |  | Subtotal For Extra Claims Fees: \$ 0 |
| Fee Description  | Extra Claim                           | Fee Code        | Amount \$                              | Fee Paid \$                          |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| Total Claims : 1   | 0                                     | 2202            | 9                                      | 0                                    |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| Independent Claims : 1   | 0                                     | 2201            | 43                                     | 0                                    |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
|  |                                       |                 |  | Subtotal For Extra Claims Fees: \$ 0 |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <b>ASSIGNMENT FEES</b>   |                                       |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="5"></td><td>Subtotal For Additional Fees: \$40</td></tr></tbody></table>              |                                       | Fee Description | Property Number                        | Quantity                             | Fee Code                           | Amount \$          | Fee Paid \$      | Recording Each Patent Assignment Per Property Fee | 00000000 | 1 | 8021 | 40                     | 40                                     |      |    |   |  |  | Subtotal For Additional Fees: \$40 |  |                                      |
| Fee Description  | Property Number                       | Quantity        | Fee Code                               | Amount \$                            | Fee Paid \$                        |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| Recording Each Patent Assignment Per Property Fee  | 00000000                              | 1               | 8021                                   | 40                                   | 40                                 |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
|  |                                       |                 |  |                                      | Subtotal For Additional Fees: \$40 |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Deposit account number: 037905<br>Access Code ****<br>Deposit name: Northstar Neuroscience<br>Deposit authorized name: Leif R. Sloan<br>Signature: Leif R. Sloan   |                                       |                 |  |                                      |                                    |                    |                  |   |          |   |      |                        |  |      |    |   |  |  |                                    |  |                                      |

Date (YYYYMMDD):

2004-01-13

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).